PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	1174/109		
	First Named Inventor	Haydt, III, Leo A.		
	COMPLETE IF KNOWN			
	Application Number			
☑ Declaration Submitted OR Submitted after Initial with Initial Filing (37 CFR 1.16 (e)) required)	Filing Date			
	Group Art Unit			
	Examiner Name			

As a below named inventor, I hereby declare that:						
My residence, post office address, and citizenship are as stated below next to my name						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND APPARATUS FOR VERIFYING A MATCH BETWEEN CONTENTS OF AN ENCLOSURE AND DATA PRINTED ON THE ENCLOSURE						
the specification of which X Is attached hereto OR						
Application Number and was amended on (MM/DD/YYYY) (If applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
I hereby claim the benefit ur	nder 35 U S.C 119(e) of any	y United States provisional	application(s) list	ed below		
Application Number(s) Filing Date	e (MM/DD/YYYY)				
			numbe supple	onal provisional application ers are listed on a mental priority data sheet B/02B attached hereto.		
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Burden Hour Statement This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231

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Please type a plus sign (+) inside this box	+	

Raleigh

Raleigh

Additional inventors are being named on the

4701 Grand Cypress Court

Residence: City

Post Office Address

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Utility or Design Patent Application DECLARATION -I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1 56 which became available between the filling date of the prior application and the national or PCT international filling date of this application. U.S. Parent Application or PCT Parent **Parent Patent Number** Parent Filing Date Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto. As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: $\boxed{\mathrm{x}}$ Customer Number $\boxed{25297}$ Registered practitioner(s) name/registration number listed below Registration Registration Name Name Number PATENT TRADEMARK OFFICE Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number OR X Correspondence address below or Bar Code Label Name David P. Gloekler, JENKINS & WILSON, P.A. Suite 1400 University Tower Address 3100 Tower Boulevard Address Durham City 27707 State 001-919-419-0383 Country Telephone |001-919-493-8000|Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Haydt, III Leo A inventor's Signature Date

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supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto